Differential Response in Nevada
Final Evaluation Report
Executive Summary

Prepared for the
Nevada Department of Health and Human Services

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Preface and Acknowledgments

Child protection agencies are engaged in a critical mission, protecting the most valuable but vulnerable treasures a society can have. It is not surprising that those within these agencies, as well as others with natural concerns about the welfare of children, seek to find ways of improving the responsiveness and effectiveness of public child protection systems. The Nevada differential response pilot project is such an effort.

Nevada began implementation of its differential response pilot project in early 2007, and by 2009 the project was operating in all but the most rural parts of the state. In 2008, during the second year of the project, the Children's Bureau established a Quality Improvement Center of Differential Response, an indication that the approach had gained sufficient traction nationally to be viewed as an important new paradigm for child protection.

This report describes the evaluation of the Nevada DR pilot project conducted by the Institute of Applied Research. It is the fourth multi-year evaluation of a differential response system conducted by IAR, which include pilot projects in Missouri (1995-1998), Minnesota (2001-2003), and Ohio (2007-2009). In each of these four projects we have been impressed by the dedication and intelligence of the people who have devoted their lives to protecting the lives and wellbeing of children. In these and other projects we have also learned that changing human service systems is more difficult than most people outside these systems generally realize. This report documents the many positive accomplishments of the DR pilot project. It also describes challenges involved in developing the DR approach further and includes recommendations for this development.

The evaluation is the responsibility of IAR, but it would not have been possible without the assistance and support of many people in Nevada. We are most grateful for the aid and cooperation of the administrators, supervisors and case workers with the Nevada Division of Child and Family Services, the Clark County Department of Family Services, and the Washoe County Department of Social Services. We want to thank as well the directors, supervisors and case workers of the Family Resource Centers and the Children's Cabinet for their time, cooperation and able assistance. We want to acknowledge the work and assistance of members of the Differential Response Steering Committee, and we would like to publicly thank Aruna Vaddamani for her help providing the SACWIS data that was indispensable for the evaluation.

Within the Department of Health and Human Services, a special acknowledgement is due to Mike Wilden, Director, whose efforts and judgment provided the foundation and administrative framework for the project and the evaluation, and who had the wisdom to appoint one of the ablest program managers we have ever had the privilege to work with, Betty Weiser; and a special thanks is also due to her colleague Toby Hyman. A large number of families also responded with invaluable feedback about their experience. Thank you all.

Executive Summary

Differential Response is a relatively new approach to child protection that has been implemented in one form or another in all or parts of approximately 20 states. In its most common form, incoming reports of child maltreatment are screened into one of two groups or response tracks. Reports involving more severe abuse or neglect, situations in which the safety of children is at imminent risk, are investigated in the standard manner. Reports that are less severe receive a family assessment, a procedure designed to be less stigmatizing and more preventative, seeking to address underlying causes of a family's current, sometimes chronic problems. Family assessments are not less focused on the safety of children than investigations, and if concerns about child safety surface during an assessment, the system response is changed and an investigation conducted.

Begun in early 2007, the Nevada DR project was phased in over a three-year period and family assessments became available to families in all but the most remote parts of the state. The Nevada DR model is unique among states with DR programs in involving community-based FRCs in all DR family assessment cases from start to finish. Ten FRCs and the Children's Cabinet in Washoe County provide DR services in 11 Nevada counties where over 98 percent of the state's population resides.

Findings

- Nearly all families who receive a family assessment express satisfaction with the way they are treated and with the help they receive or are offered. Most feel their families are better off for the experience. The response of Nevada families has been as positive as families in other states who participated in similar evaluations of DR programs.

- Many of the families who receive a family assessment are poorer and less well educated than other families in the state. Many describe being stressed, for emotional and financial reasons or because they are socially isolated with few people to turn to for help.

- Importantly, families who receive services through DR tend to be those experiencing significant problems related to the wellbeing of their children, who often live in poverty, and with problems that are sometimes acute and often chronic in nature.

- Feedback from families and FRC case workers indicate that the DR program has been implemented with model fidelity, that is, as designed, both in terms of the protocol—the manner in which families are approached in response to a report of child maltreatment—and in terms of the assistance and services provided to them, often to address basic needs.

- Both FRC-DR workers and CPS case workers express a need for more training about DR.

The DR program has achieved significant improvements in the outcomes of families when compared with similar families who have received a standard investigation, including: fewer subsequent reports of child maltreatment, fewer new investigations or family assessments, and fewer removals of children from their homes.

Major Challenges

- The strength of DR in Nevada arises from the strong social work orientation of staffs of local FRCs and the hard work of many people throughout the state. However, the current DR model restricts family assessments to a relatively small percentage of cases. During the pilot project about 11 percent of reports received a family assessment and the maximum capacity of the system currently is a little over 20 percent. (Currently, Minnesota selects about 70 percent of reports statewide for a family assessment.)

- Because state statutes currently require an investigation of reports in which a child under the age of six is identified as a potential victim of abuse or neglect, the state child protection system is faced with a predicament: families with the youngest, most vulnerable children, those who often need family assessments the most, are least likely to receive them.

- Sustaining the forward momentum of any effective program is difficult. Expansion of an effective program such as DR is doubly difficult in the current economic environment.

Recommendations

- Include DR in the strategic plans of DCFS, CCDF, and WCDSS and retain the full involvement of FRCs for Priority 3 reports, which contain the least severe allegations.

- Given current financial realities, and until additional funds become available for more services families need, adopt the original Missouri DR model, with CPS case workers utilizing the family assessment protocol for Priority 2 reports.

- In all reports involving children under the age of six, conduct a family assessment following the original investigation for all substantiated reports and all other reports when conditions are observed that suggest a child's wellbeing is potentially threatened by factors included or not included in the report.

- Within each region of the state, establish guidelines for how to utilize effectively FRC-DR workers who do not have full caseloads. One way is to permit referral to FRCs of some Priority 2 reports by requiring that the FRC respond in the time designated. Another is to use FRCs for back-up family assessments for families with children under six.

- Provide additional training of DR and CPS personnel on DR and the family assessment approach. Limiting the intensive phase of this training to a small core group of FRC-DR supervisors and CPS supervisors within each of the service regions of DCFS, CCDF, and WCDSS would produce a cadre of local trainers.

- Provide additional information about the DR approach and its effects to key stakeholders in the community, including judges, prosecutors, educators, policemen, child and family advocates, and representatives of public and private community resources.